

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 10-20-03. Date of service 10-08-02 was not timely filed per Rule 133.308 (e)(1).

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the injection anesthesia agent (Paraverte), injection Triamcinolone acetate, special reports, unclassified drugs on 12-11-02 were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for date of service 12-11-02 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 12<sup>th</sup> day of January 2004.

Debra L. Hewitt  
Medical Dispute Resolution Officer  
Medical Review Division  
DLH/dlh

#### **NOTICE OF INDEPENDENT REVIEW DECISION - AMEND**

**Date:** January 9, 2004

**RE: MDR Tracking #:** M5-04-0519-01  
**IRO Certificate #:** 5242

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Orthopedic Surgeon physician reviewer who is board certified in Orthopedic Surgery. The Orthopedic Surgeon physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

### **Clinical History**

The claimant has a history of chronic back pain allegedly related to a work compensable injury that occurred on or about \_\_\_\_.

### **Requested Service(s)**

Injection (paravertebral) of Bupivacaine and Triamcinolone

### **Decision**

I agree with the insurance carrier that the requested intervention is not medically necessary.

### **Rationale/Basis for Decision**

The claimant has a history of chronic back pain. There is clinical diagnosis documented in a clinic note of 11/27/02 indicating severe lumbar muscle spasm, chronic lumbar radiculopathy involving the left S1 nerve root and lumbar facet syndrome. There is no objective documentation of any significant change in the chronic lumbar radiculopathy allegedly related to work compensable injury that occurred a decade ago. There is no objective documentation of a lumbar facet syndrome (\_\_\_\_ injection response). There is no clearly documented clinical rationale indicating the medical necessity of bilateral paravertebral nerve root injections at L3, L4, L5, and S1 levels for the management of muscle spasm in a claimant with a chronic, static pain condition for over 10 years and a static S1 radiculopathy. There is no documentation of exhaustion of conservative measures of treatment including but not limited to a well structured home exercise program emphasizing spinal stabilization (McKenzie program) and bracing. Due to a lack of documentation of diagnostic and treatment measures the requested intervention is not deemed to be medically necessary in this clinical setting.